

Electronic Payment Authorization Cancellation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Subject: Cancellation of Electronic Payment Authorization

Dear [Recipient's Name],

I am writing to formally request the cancellation of the electronic payment authorization I previously provided. The details are as follows:

- **Account Holder Name:** [Your Name]
- **Account Number:** [Your Account Number]
- **Service Provider:** [Service Provider Name]
- **Date of Authorization:** [Date of Original Authorization]

Please consider this letter as my formal notice of cancellation, effective immediately. I would appreciate a confirmation of this cancellation at your earliest convenience.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]